

Case No. 102084

APR 22 2002

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

COPY OF PAPERS
ORIGINALLY FILED

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Modular System for Customized Orthodontic Appliances

the specification of which is attached hereto unless the following space is checked: ____

as United States Application Serial Number or PCT International Application Number
10/075,676 and was amended on 2/13/02 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Number Country

Day/Month/Year Filed

- 1.
- 2.

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Application Number Filing Date

- 1.
- 2.

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States, listed below and, insofar as

the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

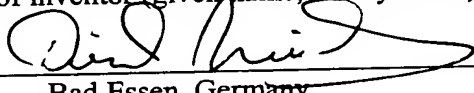
Application Number	Filing Date	Status: patented, pending, abandoned
1.		
2.		

I hereby appoint all the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and I direct that all correspondence be addressed to that Customer Number:

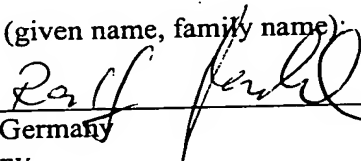
Customer Number 020306
Principal attorney or agent: Thomas A. Fairhall, Reg. No. 34,591
Telephone number:
(360) 379 - 6514.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor (given name, family name): Dr. Dirk Wiechmann

Signature  Date: 05.03.02
Residence: Bad Essen, Germany
Citizenship: Germany
Residence Address: Am Göslings Siek 4
49152 Bad Essen, Germany

Full name of inventor (given name, family name): Ralf Paehl

Signature  Date: 05.03.02
Residence: Melle, Germany
Citizenship: Germany
Residence Address: Karlsweg 26b
49324 Melle, Germany

Full name of inventor (given name, family name): Rüdger Rubbert

5 Signature _____ Date: _____

Residence: Berlin, Germany

Citizenship: Germany

Residence Address: Leonhardyweg 41
12101 Berlin, Germany

10

Full name of inventor (given name, family name): Thomas Weise

15

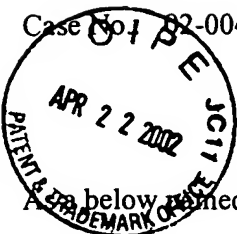
Signature Thomas Weise

Date: MARCH 11, 2002

Residence: Berlin, Germany

Citizenship: Germany

20 Residence Address: Mehringdamm 91
10965 Berlin, Germany



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

COPY OF PAPERS
ORIGINALLY FILED

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

- I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Modular System for Customized Orthodontic Appliances

the specification of which is attached hereto unless the following space is checked: ____

as United States Application Serial Number or PCT International Application Number

- 10/075,676 and was amended on 2/13/02 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

- I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

- I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

- Prior Foreign Application(s):

Number	Country	Day/Month/Year Filed
1.		
2.		

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Application Number	Filing Date
1.	
2.	

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States, listed below and, insofar as

the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Application Number	Filing Date	Status: patented, pending, abandoned
1.		
2.		

I hereby appoint all the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and I direct that all correspondence be addressed to that Customer Number:

Customer Number 020306
Principal attorney or agent: Thomas A. Fairhall, Reg. No. 34,591
Telephone number:
(360) 379 - 6514.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor (given name, family name): Dr. Dirk Wiechmann

Signature _____ Date: _____
Residence: Bad Essen, Germany
Citizenship: Germany
Residence Address: Am Göslings Siek 4
49152 Bad Essen, Germany

Full name of inventor (given name, family name): Ralf Paehl

Signature _____ Date: _____
Residence: Melle, Germany
Citizenship: Germany
Residence Address: Karlsweg 26b
49324 Melle, Germany

Full name of inventor (given name, family name): Rüdger Rubbert

5 Signature  _____

Date: MAR 13, 02

Residence: Berlin, Germany

Citizenship: Germany

Residence Address: Leonhardyweg 41
12101 Berlin, Germany

10

Full name of inventor (given name, family name): Thomas Weise

15

Signature _____

Date: _____

Residence: Berlin, Germany

Citizenship: Germany

20 Residence Address: Mehringdamm 91
10965 Berlin, Germany